

FACILITIES ARE REQUIRED TO SUBMIT THIS COMPLETED FORM WITH THEIR FORM R or FORM A EVEN IF THE FACILITY IS NOT REQUIRED TO PAY FEES.

Facility _____

Address _____

Address _____

County _____ Date _____

C. SECTION 313 (FORM R/FORM A) REPORTS

1. Total all emissions from Form R's for each facility and enter in the box below. Emissions are totals from section 5.1 through 5.5.4-column A and section 6.2A (only for quantities associated with code M10, M41, M62, M64, M65, M66, M67, M73, M79, M81, M82, M90, M94 or M99 in column C.) C. \$ _____
2. Review schedule below for range category of your emissions total and associated fee.
3. Place fee amount on Line "C".
4. Facilities utilizing EPA's alternate threshold and certificate statement are required to pay the \$250.00 fee if their emissions are above 100 pounds.

	Range of Pounds	Fee
	100 - 19,999	\$ 250.00
	20,000 - 99,999	\$ 700.00
	100,000 - 999,999	\$1,700.00
	1,000,000 or above	\$3,000.00

- D. THERE IS A \$3,000.00 MAXIMUM ON FEES FOR EACH OWNER OR OPERATOR FOR ANY SINGLE REPORTING YEAR INCLUDING KANSAS TIER II FEES. D. \$ _____
IF LINE "C" IS \$3,000.00 WRITE THE AMOUNT OF TIER II FEES YOU PAID MARCH 1 ON LINE "D". IF LINE "C" IS LESS THAN \$3,000.00 WRITE ZERO (0) ON LINE "D".
- E. SUBTRACT LINE "D" FROM LINE "C" AND PLACE ON LINE "E". THIS IS THE E. \$ _____
 FEE YOU ARE REQUIRED TO PAY.

Amount Paid _____

Check # _____

For Office Use Only